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## BIB DATA SHEET

CONFIRMATION NO. 4997

<b>SERIAL NUMBER</b> 09/892,505	<b>FILING or 371(c) DATE</b> 06/28/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1627	<b>ATTORNEY DOCKET NO.</b> 50193-109	
<b>APPLICANTS</b> Saluh Kivlighn, Doylestown, PA; Richard Johnson, Bellaire, TX; Marilda Mazzali, Houston, TX; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/214,825 06/28/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/16/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /SHOBHA KANTAMNENI/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> McDERMOTT, WILL & EMERY 600 13th Street, N.W. Washington, DC 20005-3096 UNITED STATES					
<b>TITLE</b> Treatment for cardiovascular disease					
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		